

**Purpose** Consisting of 65 items, the POMS was designed to evaluate individuals within seven different mood domains: fatigue-inertia, anger-hostility, vigor-activity, confusion-bewilderment, depression-dejection, tension-anxiety, and friendliness. The scale has been recommended for evaluating affective changes over the course of brief treatment or assessment period. Sleep specialists are likely to find the fatigue-inertia scale particularly relevant.

**Population for Testing** Developers recommend the scale for individuals ages 18 and older.

**Administration** The self-report, pencil-and-paper measure requires between 5 and 10 min for completion. In order to purchase the scale, users must have completed graduate-level courses in psychometric measurement, or must be able to prove they possess equivalent levels of training or experience. A wide range of modified and alternative versions have been created, including an adolescent form [1] and a brief form that consists of only 30 items [2].

**Reliability and Validity** Numerous studies examining the scale's validity have been conducted in a variety of patient populations. Research examining the factor structure of the scale demonstrated considerable support for most of the POMS' seven factors – the fatigue-inertia subscale was found to have particular integrity [3]. Additionally, McNair

and colleagues [2] reported an internal consistency ranging from .84 to .95.

**Obtaining a Copy** The questionnaire is under copyright and can be ordered online or by telephone from Multi-Health Systems Inc. Telephone: 1 800 268-6011

**Scoring** The POMS-F requires respondents to indicate how well each item describes their mood over the past week using a five-point scale ranging from "not at all" to "extremely." The instrument is available in a quick-scoring format, where respondent's answers automatically transfer through onto the scoring template. Normative data and T-score conversions are available for each subscale in an accompanying manual.

Note: Many experts feel this scale has been superceded by subsequent scales.

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### References

1. Terry, P. C., Lane, A. M., Lane, H. J., & Keohane, L. (1999). Development and validation of a mood measure for adolescents. *Journal of Sports Sciences*, 17(11), 861–872.
2. McNair, D., Lorr, M., & Droppleman, L. (1971). *Manual for the Profile of Mood States*. San Diego: Educational and Industrial Testing Service.
3. Norcross, J. C., Guadagnoli, E., & Prochaska, J. O. (1984). Factor structure of the profile of mood states (POMS): two partial replications. *Journal of Clinical Psychology*, 40(5), 1270–1277.

### Representative Studies Using Scale

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Schwartz, A. L., Nail, L. M., Chen, S., Meek, P., Barsevick, A. M., King, M. E., & Jones, L. S. (2000).

Fatigue patterns observed in patients receiving chemotherapy and radiotherapy. *Cancer Investigation, 18*, 11-19.

Dinges, D. F., Pack, F., Williams, K., Gillen, K. A., Powell, J. W., Ott, G. E., Aptowicz, C., & Pack, A. I. (1997). Cumulative sleepiness, mood disturbance, and psychomotor vigilance performance decrements during a week of sleep restricted to 4-5 hours per night. *Sleep, 20*, 267-277.